



VILLAGE OF MILLBROOK
APPLICATION FOR BUILDING PERMIT
BUILDING INSPECTOR: KENNETH McLAUGHLIN

PHONE/TEXT: 845-240-2118 FAX:845-677-3972 OFFICE HOURS: 5-7 PM AT VILLAGE HALL
ADDRESS: VILLAGE OF MILLBROOK PO BOX 349 35 MERRITT AVE MILLBROOK NY 12545

PLEASE USE UPDATED FEE SCHEDULE

IDENTIFICATION OF APPLICANT

NAME OF OWNER _____ PHONE NO.: _____

PARCEL GRID NO. _____ PHYSICAL ADDRESS: _____

MAIL ADDRESS _____ STATE: _____ ZIP CODE: _____

APPLICANT'S NAME: _____ PHONE NO.: _____

E-Mail (for e-copy of Building Permit): _____
(if applicant is not the owner of the property, owner of property **MUST** sign at the bottom of application)

DESCRIBE THE PROPOSED WORK FOR THIS APPLICATION: (PLEASE CHECK) ALTER USE ERECT

- ACCESSORY BUILDING ADDITION ALTERATIONS INSULATING MECHANICAL PERMIT
- DECK/PORCH/SUNROOM POOL/HOT TUB STRUCTURAL REPAIRS ELECTRICAL PERMIT

DESCRIPTION OF WORK TO BE PERFORMED AND CONTRACTOR'S NAME AND PHONE NUMBER:

DIMENSIONS: _____ X _____ TOTAL SQ. FT. _____ ESTIMATED COST* \$ _____

ATTACH THE FOLLOWING DOCUMENTS AS PART OF THIS APPLICATION

(Please check appropriate boxes)

- A PROPERTY SURVEY OR COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES
- CONSTRUCTION PLANS & SPECIFICATIONS (2 SETS IF ARCHITECTURAL PLANS)
- PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 BY THE CARRIER

PLEASE CHECK IF YOU OR OWNER IS AWARE OF ANY EASEMENT/S. IF YES, PLEASE PROVIDE A COPY OF AFORESAID EASEMENT/S. *NOT PROVIDING A COPY OF THE EASEMENT/S MAY RESULT IN A DELAY IN ISSUANCE OF YOUR BUILDING PERMIT AND/OR CERTIFICATE OF OCCUPANCY.*

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING AND BUILDING PURSUANT TO THE N.Y.S. UNIFORM FIRE PREVENTION & BUILDING CODE & THE CODE OF THE VILLAGE OF MILLBROOK AS ADOPTED BY THE VILLAGE BOARD. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

The applicant does hereby give consent to representatives of the Village of Millbrook, including, but not limited to the Building Inspector, Zoning Administrator or Town Assessor to conduct such inspections as they deem necessary in relation to this building permit application, date and time of inspections to be scheduled in advance with the property owner or their representative. Assessor inventory verification to include ground & aerial photography.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF OWNER _____ DATE _____



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PLEASE BE SURE TO CONTACT THE BUILDING INSPECTOR WHEN YOUR PROJECT HAS BEEN COMPLETED FOR YOUR FINAL INSPECTION. AFTER YOUR FINAL INSPECTION, YOU WILL BE ISSUED A CERTIFICATE OF OCCUPANCY.

*****OFFICE USE ONLY*****

BLDG. PERMIT FEES PAID \$ _____ RECEIPT NO. _____ DATE: _____
BUILDING PERMIT NO.: _____ DATE: _____

DENIAL:

REASONS FOR DENIAL: _____

REFERRED TO: ___ PLANNING BOARD ___ ZONING BOARD OF APPEALS

DATE: _____

BUILDING INSPECTOR'S INITIALS: _____

- Zoning Code: General Business (GB) Residential (R) Residential Low Density (RLD)
 Residential Multi Family (RMF) Bennett College District (BCD) Residential Transitional (RT)
 Rural (RU)

Building Inspector Notes: _____

